PLEASE PRINT OR TYPE

Purpose of Form

OFFICIAL'S FIRST NAME

This form is for Board members and certain other elected officials to certify that the hours required to fulfill the duties of their office are equal to or more than the hourly standard for IMRF participants.

LAST

JR., SR., II, etc.

MIDDLE INITIAL

ST	REET (MAILING) ADDRESS	CITY	STATE	ZIP + 4		
EM	PLOYER NAME				EMPLOYER IMRF I.D. NUMBER	
CE	RTIFICATION BY ELECTED O	DFFICIAL				
l he	ereby certify that:					
A)	I understand that an elected position must normally require performance of duty for at least 1,000 hours in a twelve-month period in order to be eligible for IMRF participation. IMRF participation is not an automatic benefit of holding elected office.					
B)	I understand that it is only the hours of actual work normally required to perform the duties of the office that are counted toward the IMRF hourly standard. Hours spent at meetings, preparing for meetings, in the office, and hours spent actually conferring with constituents are to be counted as performance of duty. Hours spent on-call or otherwise informally available to constituents do not count toward the IMRF hourly standard, nor does time spent traveling to meetings.					
C)	I understand that 1,000 hours of work annually is an average of 20 hours of work per week for 50 weeks per year.					
D)	The hours of work normally red	quired to fulfill the	e duties of	(Office T	,	
	(Name of Unit of Government) are at least 1,000 hours, which is the IMRF					
	hourly standard for this unit of		,			
E)) I understand that any person who knowingly makes any false statement or falsifies or permits to be falsified any record of the Illinois Municipal Retirement Fund in an attempt to defraud IMRF is guilty of a Class 3 felony (40 ILCS 5/1-135).					
Signature of Official				Date* (MM/DD/YYYY)		
*You	may be required to periodicall	v renew this certi	ificate			